

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: _____

Date: _____

County: _____

SECTION I – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

All adult and youth participants attending MSU-sponsored events must complete this section of the form. Participants in MSU events are sometimes photographed and videotaped for use in MSU promotional and education materials.

I authorize Michigan State University to record and photograph my image and/or voice or that of my child for use by Michigan State University or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Subject's name (adult or youth) _____
(please print)

Signature _____ Date _____
(Parent or guardian must sign here if subject is under age 18.)

SECTION II – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in overnight MSU Extension 4-H activities. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's name _____

Birthdate _____ Phone (_____) _____

Address _____

Social security number _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Insurance company's name and address _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address _____

Business phone (_____) _____

Subscriber's social security number _____

All policy numbers (please identify) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

☐ ☐ Does the participant have any chronic health problem or illness? _____

☐ ☐ Does he or she have any acute illness now? _____

☐ ☐ Has the person been treated recently for some medical problem? _____

☐ ☐ List any medications he or she is now taking for treatment of any medical problem. _____

☐ ☐ Does the participant have any allergies to medication or local anesthetics? _____

☐ ☐ Does he or she have any allergies? _____

☐ ☐ Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ do hereby authorize the 4-H Youth Development of Michigan State University to seek any medical and/or surgical treatment necessary for the care of my child. The above-designated organization is hereby authorized to incur medical costs necessary to provide treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent's/Guardian's Signature _____

Date _____

Address _____

Daytime phone (_____) _____

Evening phone (_____) _____

4-H WORKSHOP REGISTRATION FORM

Registration will be on a first-come, first-served basis, so register as soon as possible to ensure your space at the workshop. To register, complete this form and the Media Release/Medical Treatment Authorization form. Feel free to copy any of these forms as needed.



Return the forms, with payment, to your county MSU Extension office.

Youth must have adult chaperons of the same gender. The ratio is 1 adult to 5 youths of the same gender for youth aged 13 and up, and 1 to 3 for youth aged 12 and under.

Name _____

Phone (_____) _____

Address _____

County _____

City _____ State _____ ZIP _____

Birthdate (if 18 or under) _____

Gender: ☐ Male ☐ Female

Status (check one): ☐ Member ☐ Volunteer ☐ Chaperon
☐ Staff ☐ Other (please specify) _____

If member, list your chaperon's name (if known):

If chaperon, list the names of the youth you will chaperon (if known):

Do you have a disability or special needs? ☐ Yes ☐ No
If yes, please list: _____

Accommodations for persons with disabilities may be requested by calling the State 4-H Office at (517) 432-7575 three weeks before the workshop to ensure sufficient time to make arrangements. Requests received after this time will be met when possible.

Racial-Ethnic Category: (optional – for affirmative action purposes only)

- ☐ African American/Black
☐ Arabic/Chaldean
☐ Asian/Pacific Islander
☐ Caucasian/White
☐ Chicano/Hispanic/Latino
☐ Native American
☐ Mixed Heritage (please specify) _____

Workshop Title: _____

Sessions: _____

Attending entire conference? ☐ Yes ☐ No

(If no, enter arrival and departure dates and times below.)

Arrival: _____

Departure: _____

Need lodging? ☐ Yes ☐ No

Cost:

4-H members and volunteers _____

County scholarship, if applicable _____

(Check with your county MSU Extension office to see if scholarships are available.)

Non4-H members and volunteers _____

TOTAL DUE _____

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